<i>6</i> · · · · · · /	TPE	PART E	- FEE(S)	TRA	NSMITTAL			
1	his form, together wit	h applicable f	ee(s), to: <u>M</u>	<u>Iail</u>	Mail Stop ISSUI Commissioner for P.O. Box 1450	or Patents		
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01 FC:2501	00 OP			Samu R.	Jaylor)	(Signature)		
02 FC:1504			12/30/200	)5 ′	(Date)			
APPLICATION NO.	FILING DATE	FIRST NAMED INVE			ITOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/887,703	03/29/2001	Joseph L. DiCesa			ге	NEOGEN 4.1-32	3422	
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nonprovisional	МО	\$700			\$300	\$ \$100	01/23/2006	
EXAMINER AI		ART UN	NIT CLASS-SUBCLASS					
SNAY, JEFFREY R 1		1743			422-099000			
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☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,  (2) the name of a single firm (having as a member a 2					
"Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required.	registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
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(A) NAME OF ASSIGNEE (B)				RESIDENCE: (CITY and STATE OR COUNTRY)				
NEOGEN CORPORATION			Lansing, Michigan 48912					
Please check the appropriate	assignee category or categor	ries (will not be pr	inted on the p	atent) :	☐ Individual 🔀 C	orporation or other private a	group entity Government	
4a. The following fee(s) are	enclosed:	41	. Payment of					
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Advance Order - # of	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number							
_ ~ .	(from status indicated above	•	□ h Amalia	ant is n	longer elaiming SMA	I I ENTITY status See 27	CEP 1.27(a)(2)	
• •	MALL ENTITY status. See				-	LL ENTITY status. See 37		
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Authorized Signature	Lanc	. w	4		Date12	/30/2005		
Typed or printed name	Ian C. McLeo	đ.		_	Registration	No. 20 931		

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